

PB# 93-34

**Picnic Palace
(Withdrawn)**

3-1-32.2

Withdrawn 03/24/94

TOWN OF NEW WINDSOR
555 Union Avenue
New Windsor, NY 12550

GENERAL RECEIPT

10 3
November 5 1993

Received of Boniface Allidana \$ 150.00

One Hundred Fifty and 00/100 DOLLARS
For Planning Board Application Fee #93-34

DISTRIBUTION

FUND	CODE	AMOUNT
<u>CR #</u>	<u>5313</u>	<u>\$150.00</u>

By Pauline H. Townsend

Town Clerk

Title

WILLIAMSON LAW BOOK CO., VICTOR, N.Y. 14564

TOWN OF NEW WINDSOR
555 Union Avenue
New Windsor, NY 12550

GENERAL RECEIPT

10 4
November 5 1993

Received of Pauline H. Townsend \$ 750.00

Seven Hundred Fifty and 00/100 DOLLARS
For Planning Board Escrow #93-34

DISTRIBUTION

FUND	CODE	AMOUNT
<u>CR # 5314</u>		<u>\$750.00</u>

By Josua Zappala

Deputy Comptroller

Title

WILLIAMSON LAW BOOK CO., VICTOR, N.Y. 14564

CRP #	5313	7/50.00

© WILLIAMSON LAW BOOK CO., VICTOR, N.Y. 14564

By Pauline J. Townsend

Town Clerk

Title

TOWN OF NEW WINDSOR

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© WILLIAMSON LAW BOOK CO., VICTOR, N.Y. 14564

By Susan Zappala

Deputy Controller

Title

Copy # 303-50

PERM 42n (12/92)

STATE OF NEW YORK DEPARTMENT OF TRANSPORTATION
HIGHWAY WORK PERMIT

Permit Fee: \$ 200.00
Insurance Fee: \$ 0.00
Total Received: \$ 200.00
Check or M.O. No.: 5331
Liability Insurance: Policy No. PERM 17 on file

Permit No. 8-93-1000
Project Identification No.:
* Completion Date: 01/30/95
SH No.: 153
Deposit Rec. for \$ 0.00
Check or M.O. No.:
Dated: / /
Estimated Cost of Work Performed in the State Right-of-Way \$: 0.00
Chargeable to Bond No.:
or Undertaking on File: (\$ 0.00)

Permittee:
PICNIC PALACE
606 LITTLE BRITAIN ROAD
NEW WINDSOR, NY 12553
att:

Billing Address: (Complete if different from above)

Return of Deposit Made Payable to: (Complete if different from Permittee)

Under the provisions of the Highway Law or Vehicle & Traffic Law permission is hereby granted to the permittee to:

ROAD CURBS ON DRIVEWAY - UP-GRADE EXISTING ACCESS TO D.O.T. STANDARDS. ALL DISTURBED AREAS WITHIN STATE ROW ARE TO BE TOPSOILED, SEEDED, AND MULCHED. NO TREES, WITHIN THE STATE ROW OVER 6" DBH ARE TO BE REMOVED WITHOUT PRIOR PERMISSION FROM THIS OFFICE.

THE PERMITTEE IS RESPONSIBLE FOR THE MAINTENANCE AND PROTECTION OF TRAFFIC. IN ADDITION, ANYBODY WORKING IN THE RIGHT OF WAY IS REQUIRED TO WEAR A HARD HAT AND A REFLECTIVE SAFETY VEST. ANYONE WORKING WITHIN THE R.O.W. WILL WEAR HIGH VISIBILITY APPAREL (ORANGE/YELLOW) AND HARD HAT.

County - ORANGE Municipality - NEW WINDSOR Route # - 207

as set forth and represented in the attached application at the particular location or area, or over the routes as stated therein, if required; and pursuant to the conditions and regulations whether, general or special, and methods of performing work, if any; all of which are set forth in the application and form of this permit.

Dated at: POUGHKEEPSIE, N.Y.
Date Signed: 02/03/94

Commissioner of Transportation.

By:

M. J. McEnroe
MICHAEL J. McENROE

IMPORTANT

This permit, with application and drawing (or copies thereof) attached shall be placed in the hands of the contractor before any work begins.

NOTICE: Before work is started and upon its completion, the permittee absolutely must notify the Resident Engineer.

WILLIAM BATN
(914)562-4020

112 DECKSON STREET
NEWBURGH, NEW YORK 12550

UPON COMPLETION OF WORK AUTHORIZED, THE FOLLOWING WILL BE COMPLETED AND SIGNED BY THE PERMITTEE AND DELIVERED TO THE RESIDENT ENGINEER.

Work authorized by this Permit was completed on _____
DATE

Refund of desposit or return of bond or reduction of amount charged against bond or deposit on file for this permit whichever is appropriate, is requested.

DATE PERMITTEE AUTHORIZED AGENT (If Any)

Upon acceptance of work performed as satisfactorily completed, the Resident Engineer will sign the following and forward to the Regional Office.

Work authorized by this Permit has been satisfactorily completed and is accepted **(Reverse side of this form must be completed).**

DATE RESIDENT ENGINEER

The Regional Office will forward this form to the Main Office with the appropriate box checked.

To: HIGHWAY PERMIT SECTION:

- ☐ Refund of Deposit on this Permit is authorized.
- ☐ Return of Bond furnished for this Permit is authorized.
- ☐ Amount charged against Blanket Bond for this permit may be cancelled.
- ☐ Retain Bond for furture permits.

DATE REGIONAL TRAFFIC ENGINEER

The issuing authority reserves the right to suspend or revoke this permit, at its discretion without a hearing or the necessity of showing cause, either before or during the operations authorized.

The Permittee will cause an approved copy of the application to be and remain attached hereto until all work under the permit is satisfactorily completed, in accordance with th terms of the attached application. All damaged or distributed areas resulting from work performed pursuant to this permit will be repaired to the satisfaction of the Department of Transportation.

*** Upon completion of the work within the state highway right-of-way, authorized by the work permit, the person, firm, corporation, municipality, or state department or agency, and his or its successors in interest, shall be responsible for the maintenance and repair of such work or portion of such work as set forth within the terms and conditions of the work permit.**



STATE OF NEW YORK
DEPARTMENT OF TRANSPORTATION

FRANKLIN E. WHITE
COMMISSIONER

DATE: 1/10/44
TO: Town of New Windsor
FROM: D. Greene Wm. Elgee

SUBJECT: Applicant has filed for the following permit:

 Water Service
 Sewer Service
 X Access to State Highway

Received at 1/12/44 P.B. Thetery from P. Cuomo

PROJECT I.D. NUMBER

617.21

93 - 34

SEQR

Appendix C

State Environmental Quality Review

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR BONNIE ALLIDAMA	2. PROJECT NAME SITE PLAN FOR BARBECUE RESTAURANT
3. PROJECT LOCATION: Municipality <u>NEW WINDSOR</u> County <u>ORANGE</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) 606 Little Britain Road New Windsor, New York 12553	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: Converting dwelling into a Barbecue Restaurant	
7. AMOUNT OF LAND AFFECTED: Initially <u>.51</u> acres Ultimately <u>.51</u> acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency(s) and permit/approvals <u>TOWN PLANNING BOARD</u>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>Boniface Allidama</u> Date: <u>11/4/93</u> Signature: <u>BONIFACE ALLIDAMA</u>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER

PART II—ENVIRONMENTAL ASSESSMENT (to be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 8 NYCRR, PART 817.12? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 8 NYCRR, PART 817.8? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: NONE C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: NONE C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: NONE C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: NONE C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: NONE C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: NONE C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly: NONE	
D. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, explain briefly	

PART III—DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:	

Name of Lead Agency	
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from responsible officer)

Date	

PROXY STATEMENT
for submittal to the
TOWN OF NEW WINDSOR PLANNING BOARD

ANGELO SAKADELLI, deposes and says that he
resides at 31 H Tolman Rd Rock Tavern, N.Y. 12575
(Owner's Address)
in the County of ORANGE
and State of N.Y.
and that he is the owner in fee of 606 Little Britain Rd
New Windsor, N.Y. 12553
which is the premises described in the foregoing application and
that he has authorized BONIFACE ALLIDAMA
to make the foregoing application as described therein.

Date: 11/3/93

Angelo Sakadelli
(Owner's Signature)

Boniface Allidama
(Witness' Signature)

THIS FORM CANNOT BE WITNESSED BY THE PERSON OR REPRESENTATIVE OF
THE COMPANY WHO IS BEING AUTHORIZED TO REPRESENT THE APPLICANT
AND/OR OWNER AT THE MEETINGS.